

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATECandidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate

TIM RYAN

Address

22 CRIMSON WOOD, HATTIESBURG, MS 39402

Telephone

601-270-6414

Fax

601-268-1613

Contact Name

TIM RYAN

Email

TIM.ARYAN@BELLSOUTH.NET

Office Sought

STATE SENATE/DISTRICT 44

Political Party

REPUBLICAN



Check here if above is different from previous report

TYPE OF REPORT

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2,500 ⁰⁰ + \$ 350 ⁰⁰	\$ 2,850 ⁰⁰	\$ 2,850 ⁰⁰
Total amount of disbursements	\$ - 0 - + \$ 467 ²⁶	\$ 467 ²⁶	\$ 467 ²⁶
Total amount of cash on hand		\$ 2,382 ⁷⁴	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Tim A. Ryan

Date

01-31-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 126, Jackson, MS 39205 or fax to 601-359-4999 or 601-679-3519.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 21-70

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Name of Candidate or Committee

TIM RYAN

Reporting period

01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TIM RYAN</u>		<u>11/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>22 CRIMSON WOOD</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>HATTIESBURG, MS 39402</u>		<u>1-1-</u>	\$
Name of Employer (Required) <u>SELF</u>		<u>1-1-</u>	\$
Occupation (Required) <u>FINANCIAL ADVISOR</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JUDY KATHLEEN MONTE</u>		<u>11/22/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>523 ESPERANZA AVE</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>BAY ST. LOUIS, MS 39321</u>		<u>1-1-</u>	\$
Name of Employer (Required) <u>RETIRED</u>		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MR. PAUL McMcLEAN</u>		<u>11/29/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO DRAWER 16808</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>HATTIESBURG, MS 39404</u>		<u>1-1-</u>	\$
Name of Employer (Required) <u>RETIRED</u>		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HELEN B SHORT</u>		<u>11/19/10</u>	\$ <u>500.00</u>
Mailing Address <u>16 CRIMSON WOOD</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>HATTIESBURG, MS 39402</u>		<u>1-1-</u>	\$
Name of Employer (Required) <u>RETIRED</u>		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>